

Parking Pass

Tenant name: _____

Building address: _____ Suite #: _____

Phone: _____ Fax: _____ Tenant contact email: _____

Request details

| | | | | | |
|---|---|--------------|---------------|---------------|--------------|
| 1 | RECIPIENT | | | | |
| | Name: _____ | Phone: _____ | Email: _____ | | |
| | 2 TYPE OF PASS (check one): Reserved Parking Pass Unreserved Parking Pass Temporary Parking Pass | | | | |
| 3 | LICENSE PLATE NUMBER: | MAKE: | MODEL: | COLOR: | YEAR: |
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |

Note: No one other than the recipient should use the recipient's parking pass. Vehicles without appropriate parking pass are subject to be towed immediately at vehicle owner's expense.

This request is for an additional or replacement card.

AUTHORIZED BY:

Signature _____ **Date** _____
(Electronic signature represented by blue type)

Name (print) _____ **Title** _____

..... OFFICE USE ONLY

Pass number: _____ By: _____ Date: ___/___/___
Initials

Called requester to pick up on: ___/___/___ AND/OR Emailed tenant on: ___/___/___

Date logged: ___/___/___